AMAGOD PROPERTY NO. 2007 PROPE	DEP/	JECIJ BMT AA	DURI De de	PU	HIC HE	ALTH AND	WELFARE,	82	MKD C	EKIIFI	20 1	T DEAL	п 11	, <u> </u>	<u>-63</u>	STATE FILE	NUMBER NUMBER	6
SO HOLE TO BE AND STATE OF THE	DO NOT WRITE	Δ	MENDED	, 1	Registra	tion District No.		Pri	mary Registrat	ion District N	10 CT CT 0	Registra	r's No.					•
D. CITY IT consists proven familia (A. Collegative only) 10.275 20.275 x 3 4 Collegation of the passive give location of the state in 1b 20.275 x 3 4 Collegation of the passive give location of the state of the stat		1-1		<u> </u>			PEBI I	1963				J)	ESIDENCE (Who			If institution		
MARKE OF DECRASED First Medical New Part New Part Medical New Part New Part New Part New Part		ENDE				OR Z	orporate limit	1. 1. TOPIN	ISHIP only)		-	c. CITY OR TOWN	R.		: 11	ooge	Insi	ide Limits
A JAMAS OF DECEASED FITT - Novice Let A. DATE - Mooth Day - Very Copy Copy - Cop				-	c. F	ULL NAME OF (NOT in hos	pital, give loca	Ton) L	Îr	Limits	d. STREET		(If ci	tiside give	Jocation)	Resid	de on Farm
5. SEX _ 6. COLOR COPACE 7. Married _ 8. DATE OF BIRTH C. 9. AGE that bindingly DU UNDER 1 YEAR IT UNDER 2 H 5. SEX _ 6. COLOR COPACE 7. Married _ 8. DATE OF BIRTH C. 9. AGE that bindingly DU UNDER 1 YEAR IT UNDER 2 H 6. SO			+	┪╏	3. NA	ME OF DECEAS	ED	First	~	Middle		Last]4. DA	E	Month	Day		
10 10 10 10 10 10 10 10	- <u>-</u> -				(Tyr	e or print)	EDiT	TH -	Lou	SA -	RoB	ERT-	S DEA	THTZ		3,19		
10 USAN OF SUPATION COVER AND SI WERE ACCOUNTY STATE OF SUPERIOR OF WILLIAMS O					5. SEX	Fe	6. COLO	R OR PACE				8. DATE OF	BIRTH 9. AG	e (last bir 7 <i>9</i>				
15. WAS DECRASED EVER IN U.S. ARMED FORCES 11. COCIAL SECIENT YIO. 17. INFORMANT 18. Address 18. WAS DECRASED EVER IN U.S. ARMED FORCES 11. COCIAL SECIENT YIO. 17. INFORMANT 18. ADDRESS 18. ADDR		က္က		1.					106, KIND (OF BUSINESS	OR INDUSTRY	Y 11. BIRTH	LACE (City and	state or co	ountry) 1	2. CITIZEN C	F WHAT	COUNTRY
15. WAS DECRASED EVER IN U.S. ARMED FORCES 11. COCIAL SECIENT YIO. 17. INFORMANT 18. Address 18. WAS DECRASED EVER IN U.S. ARMED FORCES 11. COCIAL SECIENT YIO. 17. INFORMANT 18. ADDRESS 18. ADDR	7 1	No.			13a. FAT	VER'S NAME	ee w	yes	136	. MOTHER'S	MAIDEN NAM	spru	agheld	14. NA	ME OF HUS	BAND OR W	<u>ي. و</u> إ	<u> </u>
10 10 10 10 10 10 10 10	8 ~ 1	1 1 1			16 14/A	LAV	LE IN US AS	Low	_ ا	SOCIAL SE	ferr	TIZ. INFORMA	ANT 4	مري	M No	Gerl	<u>ح</u> _	
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH	_ /	AS	11	11	(Yes, no	, or unknown)	(if yes, give w	ar or detail				Lewi	Lucy	ner	B	HOWLE	Üle	Mo
Which gave rise to above cause (a), stating the under-living cause	10	⋖		EN	19.	CAUSE OF DEA PART	1H (Enter only). DEATH WA	AS CAUSED BY	· · · · · · · · · · · · · · · · · · ·	(0), 0110 (0).		7 .	16-	+	dina	4.40	INTERVA ONSET A	BETWEEN
Which gave rise to above cause (a), stating the under-living cause		। ପାଞ୍ଚ		CUM			IMMED	IATE CAUSE (a) <u>-W//</u>	erro	<u>- 2010</u>	- Aller	<u>- 740e</u>		mee		<u> </u>	
STATE 13			11	8		Condi which	itions, if any,)	DUE TO	(b) <u> </u>	Mer	rose	lero	aro_		•		<u> </u>	
STATE	13/-0		$\dashv \downarrow$	-		above statin Jying	s cause (a), g the under- cause last.				•							
TO Desth occurred at Desth occ		1 1			NO.	PART	II. OTHER S	IGNIFICANT (andition given	CONDITIONS in PART I (a)	CONTRIBUTI	NG TO DEAT	H but not rela	ated to the term	ninal	PART III.	there a preg	nancy in	last 90 day
NOT WHILE AT WORK 20. Italian de decessed from 20. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20. INJURY OCCURRED WHILE AT WORK 20. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the decessed from 4.00 m on the date stated above, and to the best of my knowledge, from the causes stated. 22. SIGNATURE 22. SIGNATURE 22. ADDRESS 22. DATE SIGNATURE 23. AMME OF CAMETERY OR CREMATORY 23d, PORTION (CIP, town, or county) (Sfate) 24. FUNERAL DIRECTOR 23. MANE OF CAMETERY OR CREMATORY 23d, PORTION (CIP, town, or county) (Sfate) 24. FUNERAL DIRECTOR 23. MANE OF CAMETERY OR CREMATORY 23d, PORTION (CIP, town, or county) 23d, PORTION (CIP, town, or coun			11		F					DE 1201	DESCRIBE HO	M INTERVIOR	HIRRED. (Enter r	eture of i	niury in PA	_ ; -	1	_
NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK 20f. I attended the decessed from Death occurred at 22b ADDRESS 22c. DATE SIGN ADDRESS 22c. DATE RECD. BY LOCAL REG. 22c. SIGNATURE 22c. DATE RECD. BY LOCAL REG. 22c. DATE RECD. BY L		NDWE			19.	WAS AUTOPSY PERFORMED?	20a. ACCID			DE 205.	DESCRIBE NO							
21. I attended the decessed from posts occurred at the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 22b. ADDRESS 22a. SIGNATURE 22a. SIGNATURE 23a. POSIAL, CREMATON, 23b. DATE 23a. POSIAL, CREMATON, 23b. DATE 23a. POSIAL, CREMATON, 23b. DATE 23b. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE	N O	AME			⊻	INJURY 8.0	m.	Day, Year						-				
21. I attended the decessed from position of the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 22b. ADDRESS 22a. SIGNATURE 22a. SIGNATURE 23a. POBIAL, CREMANON, 23b. DATE 23a. POBIAL, CREMANON, 23b. DATE 23b. ADDRESS 23c. NAME OF CAMETERY OR CREMATORY 23d. DCATION (Cig., town, or county) 23b. DATE RECD. BY LOCAL REG. 24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 27. DATE RECD. BY LOCAL REG. 28. DATE RECD. BY LOCAL REG. 28. DATE RECD. BY LOCAL REG. 29. DATE RECD. BY LOCAL REG. 20. DATE RECD. BY LOCAL REG. 21. DATE RECD. BY LOCAL REG. 22. DATE RECD. BY LOCAL REG. 23c. DATE RECD. BY LOCAL REG. 24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. DATE RECD. BY LOCAL REG. 27. DATE RECD. BY LOCAL REG. 28. DATE RECD. BY LOCAL REG. 29. DATE RECD. BY LOCAL REG. 20. DATE RECD. BY LOCAL	RIBB				₹	INJURY OCCU	RRED	20e. PLAC farm,	E OF INJURY factory, street	(e.g., in or al	bout home, :	20f. CITY, TOV	VN, OR LOCATI	ON		COUNTY		STATE
Desth occurred at 22b. ADDRESS 22b. ADDRESS 22c. DATE SIGNATURE 22a. SIGNATURE CONTROL COUNTY 23b. POPIAL. CREMATION, 23b. DATE 22c. DATE SIGNATURE 23a. POPIAL. CREMATION, 23b. DATE 22c. DATE SIGNATURE 23a. POPIAL. CREMATION, 23b. DATE 22c. DATE SIGNATURE 23b. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR 25c. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26. RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26. RECD. BY	K X	A P							957		10 Feb	2,196	3 and last say	w her aliv	re on	-29	63	
23a, project, charactery of country and control of the project of	BL BL VRIT				21.			// A	40	P	m on th	e date stated a	bove, and to th	e best of	my knowle	dge, from the		
23a, project, charactery of country and control of the project of	US!	SHOUL			228	SIGNATURE	Besk	ell	gree or title)	0:	• • •	22b, ADDRES	nvil	CL_	m	?	7.	4.6
Hays - Fainter Vilst Deval M 2/4/63 Lite Hoopser		I }	+	-IDAV	23a, FO	IAL, CREMAIN	DN, 23b. DA	1E 6 196	3 6	AME OF COM	ETERY OR CRE	EMATORY L. P. M.	23d. OC	ATION (C	"Es	or county)	ِر بر	31010) 310
		EAN		Y AFF	A. FO	NERAL DIRECTO	0 -	1 2	Diesy 1	de la	25. DA	TE RECD. BY LO	OCAL REG. 20	REGIST	RAR'S SIG	NATURE	r	
		=		[20	M	140 -1	am	er, T	un s	Licensed Emi	balmer's States	ment on Revers	e Side)	مربع	W.	/		

E961 3 8 3 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Robert L. Painter
Student	Signed Robert of Familier
Signature of Student Embalmer	1/0/0

P. O. Address June 1

Licensed Embalma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.